



Edm in RCE 3714
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RCE

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**Request
For
Continued Examination (RCE)
Transmittal**

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

Application Number	09/967,055
Filing Date	September 28, 2001
First Named Inventor	Jerald C. Seelig et al.
Art Unit	3714
Examiner Name	Carmen D. White
Attorney Docket Number	619.438

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Rely Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/ Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

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2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____

3. Fees

- The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50,0913
- a. ☒ RCE fee required under 37 CFR 1.17(e) **06/25/2003 AMONDAF1 00000071 09967055**
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17) **01 FC:2801** **375.00 OP**
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☒ Payment by credit card (Form PTO-2038 enclosed)

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Ryan A. Heck	Registration No. (Attorney/Agent)	51,795
Signature		Date	6-17-2003

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Sheryl Hodge	Date	June 17, 2003
Signature			

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box RCE, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



PTO/SB/17 (12/99)
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FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 375.00

Complete if Known

Application Number	09/967,055
Filing Date	September 28, 2001
First Named Inventor	Jerald C. Seelig
Examiner Name	3714
Group / Art Unit	Carmen D. White
Attorney Docket No.	619.438

METHOD OF PAYMENT (check one) 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <u>50,0913</u> Deposit Account Name <u>Ian F. Burns & Associates</u> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other FEE CALCULATION 1. BASIC FILING FEE <table><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 690</td><td>201 345</td><td>Utility filing fee</td><td></td></tr><tr><td>106 310</td><td>206 155</td><td>Design filing fee</td><td></td></tr><tr><td>107 480</td><td>207 240</td><td>Plant filing fee</td><td></td></tr><tr><td>108 690</td><td>208 345</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 150</td><td>214 75</td><td>Provisional filing fee</td><td></td></tr></tbody></table> <p>SUBTOTAL (1) (\$) <u>0.00</u></p> 2. EXTRA CLAIM FEES <table><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103 18</td><td>203 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102 78</td><td>202 39</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104 260</td><td>204 130</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109 78</td><td>209 39</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110 18</td><td>210 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table> <p>SUBTOTAL (2) (\$) <u>0.00</u></p>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 690	201 345	Utility filing fee		106 310	206 155	Design filing fee		107 480	207 240	Plant filing fee		108 690	208 345	Reissue filing fee		114 150	214 75	Provisional filing fee		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	103 18	203 9	Claims in excess of 20		102 78	202 39	Independent claims in excess of 3		104 260	204 130	Multiple dependent claim, if not paid		109 78	209 39	** Reissue independent claims over original patent		110 18	210 9	** Reissue claims in excess of 20 and over original patent		3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	<u>Ryan A. Heek</u>	Registration No. (Attorney/Agent)	<u>51,795</u>
Signature	<u>[Signature]</u>	Telephone	<u>775-826-6160</u>
		Date	<u>6-17-2003</u>

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